

## **SUPPORTING DOCUMENTS**

**5.8**

### **ALL OTHER FORMS**

This is a PLACE HOLDER ONLY. REMOVE THIS PAGE AFTER PRINTING AND INSERT AFS.

This is the placeholder for AFS, SF424. I do not have the AFS on the disc or the drive...could not figure out how to make it print properly.

**BUT**

Page numbers will be needed for the front and back of the AFS and for The special instructions for the AFS which are on the THIRD page.

This is a **PLACE HOLDER ONLY** FOR THE BACK PAGE (INSTRUCTIONS) FOR THE AFS. REMOVE AFTER PRINTING AND INSERT AFS INSTRUCTIONS.

THE NEXT PAGE IS THE SPECIAL INSTRUCTIONS FOR THE AFS....ALL WILL NEED PAGE NUMBERS.

**INSTRUCTIONS FOR THE COMPLETION OF FORM 1**  
**APPLICATION FACE SHEET(Standard Form 424)**

The Application Face Sheet (SF424) is not subject to revision; it is an OMB standard form that can be revised by OMB only. The Form should be filled out in accordance with the standard instructions that accompany it. However, in order for the SF424 to serve MCHB purposes, the sub-groupings of funding categories under Section 15 will be defined as follows:

15. Estimated Funding:

- |                     |  |
|---------------------|--|
| a. Federal -        | The Title V MCH Block Grant allocation only.   |
| b. Applicant -      | The unobligated balance from previous year's MCH Block Grant allocation.                       |
| c. State -          | Total State funds. The State's total matching funds plus overmatch for the Title V Allocation. |
| d. Local -          | Total of MCH dedicated funds from local jurisdictions within the State.                        |
| e. Other -          | Foundation and other public and private and non-profit monies, used for Title V programs.      |
| f. Program Income - | Funds collected by State MCH agencies from insurance payments, Medicaid, HMOs, etc.            |
| g. TOTAL -          | ALL the MCH funds administered by the State MCH program.                                       |